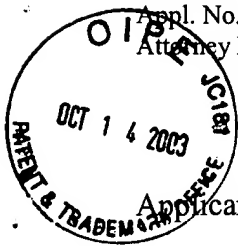


PATENT

Appl. No. 09/ 414, 678

Attorney Docket No. 450127-02261



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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Yasuhide KOBAYASHI

Appl. No. : 09/ 414, 678

Filed : October 7, 1999

For : PORTABLE TOY, PORTABLE INFORMATION TERMINAL,
ENTERTAINMENT SYSTEM, AND RECORDING MEDIUM

Art Unit : 3714

Examiner : CAPRON, Aaron J.

745 Fifth Avenue
New York, New York 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313-1450, on the date shown below.

Hans R. Mahr, Reg. No. 46,138

Name of Applicant, Assignee or Registered Representative

Hans Mahr
Signature

October 9, 2003

Date of Signature

RECEIVED
OCT 20 2003
TECHNOLOGY CENTER R3700

RESPONSE

Commissioner for Patents
Alexandria, VA 22313-1450

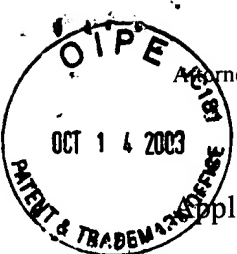
Dear Sir:

In response to the Office Action of May 9, 2003 , please consider the following remarks:

10/17/2003 BSAYASI1 00000145 09414678

01 FC:1252

420.00 OP



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

\$3714

Applicant : Yasuhide KOBAYASHI
 Appl. No. : 09/414,678
 Filed : October 7, 1999
 For : PORTABLE TOY, PORTABLE INFORMATION TERMINAL,
 ENTERTAINMENT SYSTEM, AND RECORDING MEDIUM
 Art Unit : 3714
 Examiner : CAPRON, Aaron J.

COMMISSIONER FOR PATENTS
 ALEXANDRIA, VA 22313-1450

RECEIVED
 OCT 20 2003
 TECHNOLOGY CENTER R3700

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ No additional fee is required.
☒ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f).

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number of claims previously paid for*	(5)	(6) Extra claims	(7)	(8) Rate	(9)	(10) Additional fee
Total Claims	15	-	20	=	0	x	\$18	=	\$0.00
Independent Claims	3	-	3	=	0	x	\$86	=	\$0.00
Total Fee for additional claims									\$0.00

- * If the highest number of total claims previously paid for is less than 20, write "20" in this space. If the highest number of independent claims previously paid for is less than 3, write "3" in this space.
 ** If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

- ☒ A fee of **\$420.00** is due to cover:
☐ additional claims,
☐ multiple dependent claim(s),
☒ an extension of time. This response is being filed within 2 month(s) following the expiration of the term originally set therefor. This is a petition to request a 2 month extension of time.
 This fee is to be paid by:
☒ an enclosed check in the amount of **\$420.00**.
☐ charging **\$00.00** to Deposit Account No. 50-0320.
- ☐ This application contains a multiple dependent claim. The required fee of \$260 ☐ has been previously paid, or ☐ is paid herewith.
- ☒ Please charge any additional fees incurred by this response or credit any overpayment to Deposit Account No. 50-0320.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313-1450 on the date shown below.

FROMMER LAWRENCE & HAUG, LLP
 Attorneys for Applicant(s)

Hans R. Mahr

(Name of Applicant, Assignee or Registered Representative)

Hans R. Mahr
 Signature

By: *Hans R. Mahr*
 Reg. No. 46,138
 Tel. (212) 588-0800

Date of Signature: October 9, 2003